

IN PATIENT SUMMARY BILL

UHID : MKB202404167 Bill No : MMH/MK/IP202400945
IP No : IPKB2024000964 Bill Date : 28/07/2024
Patient name : Mrs.JAYASRI.D DOA : 23/7/2024 8:10PM
Age : 26 Y 0 M 5 D/Female DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.KARTHIK RAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 15,350.00
3	BLOOD COMPONENTS	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,000.00
5	EQUIPMENT	₹ 2,400.00
6	GENERAL PROCEDURE	₹ 200.00
7	INTENSIVIST CHARGES	₹ 12,000.00
8	LABORATORY	₹ 24,208.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 2,650.00
11	OTHERS	₹ 2,000.00
12	PROFESSIONAL TEAM FEES	₹ 7,500.00
13	RADIOLOGY	₹ 7,540.00

Gross Amount ₹ 77,198.00
Discount Amount ₹ 2,000.00
Net Payable ₹ 75,198.00
Advance Amount ₹ 69,500.00
Received Amount ₹ 5,698.00

Received Amount in Words : Seventy-Five Thousand One Hundred Ninety-Eight Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/24/2024	MMH/MK/RECH202402321	CASH	Advance Amount	15,500.00
2	7/25/2024	MMH/MK/RECH202402330	CASH	Advance Amount	27,000.00
3	7/26/2024	MMH/MK/RECH202402337	CASH	Advance Amount	13,500.00
4	7/27/2024	MMH/MK/RECH202402348	CASH	Advance Amount	13,500.00
5	7/28/2024	MMH/MK/REDH202406657	CASH	Collected Amount	5,698.00